

P19000075187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

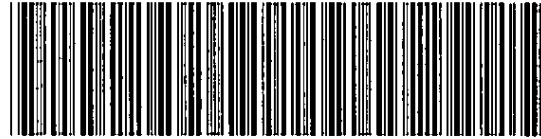
(Document Number)

Certified Copies _____ Certificates of Status ☒

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OCT 07 2019

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2019 OCT -7 PM 4:40
CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2019

GARY VINCENT
712 HOWELL RD
NICEVILLE, FL 32578

SUBJECT: EC CYCLERY
Ref. Number: W19000085332

We have received your document for EC CYCLERY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00019521

2019 OCT - 7 PM 2:44

RECEIVED

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: EC Cyclery Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: GARY VINCENT
Name (Printed or typed)

712 Howell Rd
Address

Niceville, Florida 32578
City, State & Zip

850-678-8222
Daytime Telephone number

Alpine Bicycles@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: EC Cyclery INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

712 Howell Rd
Niceville FL 32578

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Bicycles Sales + Service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GARY L VINCENT

Name and Title: CEO + President

Address: 712 Howell Rd

Address: _____

Niceville FL 32578

Name and Title: CORY L VINCENT

Name and Title: Secretary/Treasurer

Address: 2213 Chaparral St

Address: _____

NAVAERO FL 32566

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:

GARY VINCENT

Address:

712 Howell Rd

Niceville FL 32578

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

GARY VINCENT

Address:

712 Howell Rd

Niceville FL 32578

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: October 1, 2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Gary L. Vincent

Required Signature/Registered Agent

9/11/19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Gary L. Vincent

Required Signature/Incorporator

9/11/19
Date